

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P05000148286**

1. Entity Name  
**SCRAP IRON CUSTOM'S, INC.**



Principal Place of Business  
**6 SYLVAN DRIVE  
ST AUGUSTINE, FL 32084**

Mailing Address

**6 SYLVAN DRIVE  
ST AUGUSTINE, FL 32084**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02282006 Chg-P CR2E034 (11/05)

Zip

Country

Zip

Country

4. FEI Number  
**20-3787999**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Name

**HALLIWILL, JAMES C JR  
6 SYLVAN DRIVE  
ST AUGUSTINE, FL 32084**

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
HALLIWILL, JAMES C JR  
6 SYLVAN DRIVE  
ST AUGUSTINE, FL 32084**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

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Change  Addition

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James C. Halliwill Jr. President* 3-1-06 904-819-5919  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED  
Mar 17, 2006 8:00 am  
Secretary of State**

03-03-2006 90096 016 \*\*\*150.00

66005742





ATTACHMENT

66005742

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2006

SCRAP IRON CUSTOM'S, INC.  
6 SYLVAN DRIVE  
ST AUGUSTINE, FL 32084

Subject: SCRAP IRON CUSTOM'S, INC.

Reference Number:

P05000148286

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION